



PTO/SB/21 (04-04)

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/808,825
Filing Date	March 24, 2004
First Named Inventor	KAGAYA, Osamu
Art Unit	
Examiner Name	
Attorney Docket Number	16869N-110200US

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement

<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts/Incomplete Application

<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund

<input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
1. Declaration/Power of Attorney
2. Copy of Notice
3. Supplemental ADS
4. Assignment Papers
5. Return Postcard |
|--|---|---|
- ☐ Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
Pursuant to the Notice to File Missing Parts of Nonprovisional Application, dated June 8, 2004, the enclosures listed on this sheet are to be made of record in the above-identified case.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Townsend and Townsend and Crew LLP Robert C. Colwell	Reg. No. 27,431
Signature		
Date	8/6/04	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name

Roger Hyatt

Signature

Date

8/6/04

**COPY**

UNITED STATES DEPARTMENT OF COMMERCE
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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/808,825	03/24/2004	Osamu Kagaya	16869N-110200US

CONFIRMATION NO. 7606

20350
 TOWNSEND AND TOWNSEND AND CREW, LLP
 TWO EMBARCADERO CENTER
 EIGHTH FLOOR
 SAN FRANCISCO, CA 94111-3834

FORMALITIES LETTER

OC000000012894357

Date Mailed: 06/08/2004

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION**FILED UNDER 37 CFR 1.53(b)***Filing Date Granted***Items Required To Avoid Abandonment:**

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing.
A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.

SUMMARY OF FEES DUE:

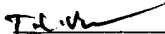
Total additional fee(s) required for this application is **\$130** for a Large Entity

- **\$130** Late oath or declaration Surcharge.

Replies should be mailed to: Mail Stop Missing Parts
 Commissioner for Patents
 P.O. Box 1450
 Alexandria VA 22313-1450

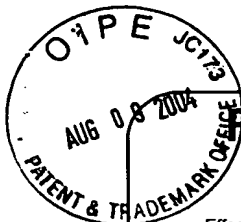
*A copy of this notice **MUST** be returned with the reply.*

08/10/2004 RRDUF01 00000026 201430 10808825
 01 FC:1051 130.00 DA



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Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE



FEE TRANSMITTAL for FY 2004		Complete if Known	
		Application Number	10/808,825
Effective 10/01/2003. Patent fees are subject to annual revision.		Filing Date	March 24, 2004
		First Named Inventor	KAGAYA, Osamu
		Examiner Name	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	
TOTAL AMOUNT OF PAYMENT (\$)		170	Attorney Docket No. 16869N-110200US

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None	
<input checked="" type="checkbox"/> Deposit Account:		3. ADDITIONAL FEES	
Deposit Account Number	20-1430		
Deposit Account Name	Townsend and Townsend and Crew LLP		
The Director is authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input checked="" type="checkbox"/> Credit any overpayments	
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity	Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001 770	2001 385	1051 130	2051 65
1002 340	2002 170	1052 50	2052 25
1003 530	2003 265	1053 130	1053 130
1004 770	2004 385	1812 2,520	1812 2,520
1005 160	2005 80	1804 920*	1804 920*
SUBTOTAL (1) (\$)		1805 1,840*	1805 1,840*
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1251 110	2251 55
Total Claims	** =	1252 420	2252 210
Independent Claims	** =	1253 950	2253 475
Multiple Dependent	X =	1254 1,480	2254 740
Large Entity	Small Entity	1255 2,010	2255 1,005
Fee Code	Fee (\$)	1401 330	2401 165
1202 18	2202 9	1402 330	2402 165
1201 86	2201 43	1403 290	2403 145
1203 290	2203 145	1451 1,510	1451 1,510
1204 86	2204 43	1452 110	2452 55
1205 18	2205 9	1453 1,330	2453 665
SUBTOTAL (2) (\$)		1501 1,330	2501 665
**or number previously paid, if greater; For Reissues, see above		1502 480	2502 240
		1503 640	2503 320
		1460 130	1460 130
		1807 50	1807 50
		1806 180	1806 180
		8021 40	8021 40
		1809 770	2809 385
		1810 770	2810 385
		1801 770	2801 385
		1802 900	1802 900
		Other fee (specify) _____	
		*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$170)	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Robert C Colwell	Registration No. (Attorney/Agent)	27,431
Signature		Telephone	650-326-2400
		Date	9/6/04

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.